

*Total of

forms are submitted.

PTO/SB/81 (07-08)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to e collection of information unless it displays a valid OMB control number. **Application Number** 10/684,899 POWER OF ATTORNEY Filing Date 09-Oct-2003 First Named inventor Brent Little REVOCATION OF POWER OF ATTORNEY Title INTEGRATED OPTICAL MODE SHAPE TRANSFORMER WITH A NEW POWER OF ATTORNEY Art Unit 2874 AND Examiner Name WONG, TINA MEI SENG CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 3568 006-P120 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. hereby appoint Practitioner(s) associated with the following Customer 30471 Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and

_	to transact all bu	ill business in the United States Patent and Trademark Office connected therewith:								
	Practitioner(s) Name			Registration Number						
			-							4
									_	4
										┨
_	recognize or cha					tion to:				
The address associated with the above-mentioned Customer Number. OR									_	
The address associated with Customer Number:										
	Firm or Individual Name									
Addre	ss									
City					State		Z	ip		
Count										
I am th					Email					
\Box_{o}	Applicant/Invent		atomat Pop 97	OFD 2 74						
×	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CPR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on									
		XA	SIGNATU	JRE of Applican	nt or Assignee of	Record		ſ	1	
Signature				-		Date	9	L S	108	
Name		Thomas J. Fallon				Telephone	'	,	., -	
Title and Company Chief Operating Officer, Infinera Corporation										
	Signetures of ell the re is required, see b		nees of record o	f the entire interes	t or their represente	tive(s) ere required	. Submit mu	itiple form	ns if more the	an one

This collection of information is required by 37 CPR 1.31, 1.32 and 1.33. The information is required to obtain or retain a beneal by the public which is to file (and by the USPTO of processes) an application. Confidentially is governed by 33 U.S. C. 12 and 37 CPR 1.11 and 1.41 files collection is esterized to take 3-bit to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments of the amount of time upon unrequire to complete this form androit very suggestions for metaling this burdon, should be sent to the Celler Information Office, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionner for Patients, P.O. Box 1450, Alexandris, V.A. 22313-1450.